

Current major events

New human case of avian influenza A (H5N1) in Egypt

The Egyptian Ministry of Public Health announced a new human case of avian influenza A(H5N1) on 30 August 2010. The case was a 33 year old housewife from Qaliubia Governorate. She developed symptoms of fever, cough and dyspnoea on 17 August 2010, was admitted on 24 August and laboratory confirmed on 25th. The patient died on 26 August bringing the total number of human cases of avian influenza in the country to 112 including thirty six (36) deaths (CFR: 32.1%). Investigations into the case revealed close contacts with sick and dying poultry.

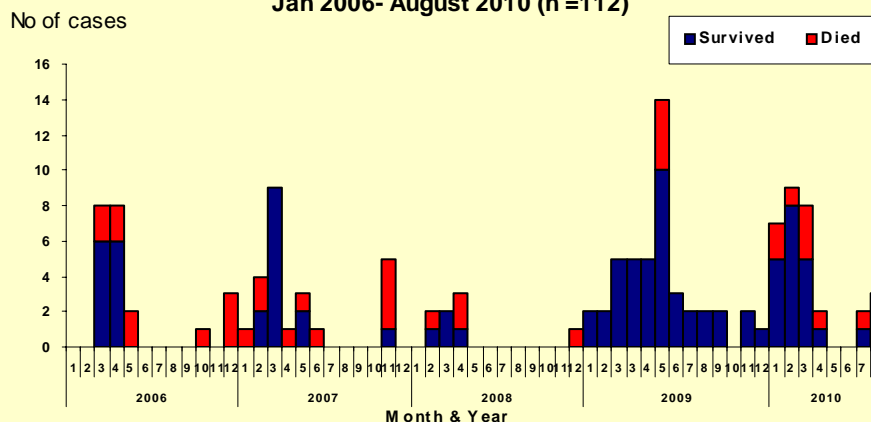
Editorial note

Avian influenza A(H5N1) virus was first reported in the Egypt after confirmation of the virus in domestic poultry on 17 February 2006. The first confirmed human case was reported from Qaliubia Governorate on 20 March 2006. The virus has remained active in Egypt in the last four years. Avian influenza A (H5N1) virus continued to cause outbreaks in poultry and sporadic human infections throughout the country. The virus has been reported from most of the 29 governorates of the Country but human cases were reported from only 20.

By the end of August the number of human cases of avian influenza A (H5N1) reported from Egypt this year alone has reached 22, and nine of them were fatal (CFR = 40.9%). Overall the number of human cases reported in the Country since 2006 is 112 including 36 deaths (CFR = 32.1%). Globally, Egypt is now the third country with the highest number of reported cases of avian influenza A(H5N1), after Indonesia and Viet Nam with each reporting 168 and 119 cases respectively. For two consecutive years, Egypt has also overtaken Indonesia in reporting the most number of human cases of avian influenza A(H5N1) to WHO.

Despite last year's emergence of pandemic influenza A(H1N1) 2009, the

Reported human cases of avian influenza A (H5N1) in Egypt, Jan 2006- August 2010 (n =112)



Age distribution of confirmed human cases of Influenza A(H5N1) in Egypt

Age group	Cases	Deaths	CFR (%)
< 5 yrs	37	2	5.4
5 to 15 yrs	30	4	13.3
>15 to 30 yrs	30	20	66.6
>30 to 45 yrs	12	7	58.3
>45 yrs	3	3	100
Total	112	36	32.1

zoonotic and pandemic threats posed by A(H5N1) still remains. It will be too premature for the world to write off avian influenza A(H5N1) virus. The vigilance and pandemic preparedness plans that were initiated in response to this virus, must be maintained. The experiences gained during last year's response to the influenza pandemic 2009 should be used to improve national pandemic preparedness plans.

Member states should build upon the momentum gained during the pandemic in initiating and improving national influenza and influenza like illness surveillance. WHO/HQ and the regional offices will be working on improving, standardizing and promoting new influenza surveillance tools and manuals. It is hoped that countries in EMR will respond to these efforts positively and take influenza as part of their national surveillance activities. This cannot go without stressing the need for sharing influenza virus with the WHO collaborating centers by member states. We hope to see more work in this regard.

Update on outbreaks

in the Eastern Mediterranean Region

Avian Influenza A(H5N1) in Egypt; **Dengue fever** in Yemen; **Floods** in Pakistan; **Cholera** in Afghanistan; **Kala-Azar** in s. Sudan; **Acute Viral Conjunctivitis** in s. Sudan

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza

Egypt	[112 (36), 32.1%]
Indonesia	[168 (139), 82.7 %]
Viet Nam	[119(59), 49.6%
China	[39 (26), 66.6%]
Global total	[505(300), 59.4%]

Dengue fever

Yemen	[9608(11), 0.1%]
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AWD (Cholera)

Yemen	[300 (4), 1.3 %]
Benin	[278(2),0.72%]

Kala-Azar (Visceral Leishmaniasis)

S. Sudan	[2114(99), 4.7%]
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Acute Haemorrhagic Conjunctivitis

S. Sudan	[428(0), 0.0%]
Uganda	[6818(0), 0.0%]

CFR=Case-Fatality Rate